

X2018-697

PRINTED: 10/25/2018  
FORM APPROVED

## State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  013250	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  10/04/2018
NAME OF PROVIDER OR SUPPLIER  INLAND NORTHWEST BEHAVIORAL HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE  104 W 5TH AVE SPOKANE, WA 99204		
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L 000	<p><b>INITIAL COMMENTS</b></p> <p><b>INITIAL STATE LICENSING SURVEY</b></p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism Hospitals conducted this health and safety survey.</p> <p>Onsite dates: 10/03/18 to 10/04/18</p> <p>Examination number: X2018-697</p> <p>The survey was conducted by:</p> <p>Surveyor #4 Surveyor #3</p> <p>The Washington Fire Protection Bureau conducted the fire life safety inspection.</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following:</p> <p>The regulation number and/or the tag number;</p> <p>HOW the deficiency will be corrected;</p> <p>WHO is responsible for making the correction;</p> <p>WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and</p> <p>WHEN the correction will be completed.</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be postmarked by 10/22/18.</p> <p>4. Return the ORIGINAL REPORT with the required signatures.</p>	
L 315	322-035.1C POLICIES-TREATMENT	L 315		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

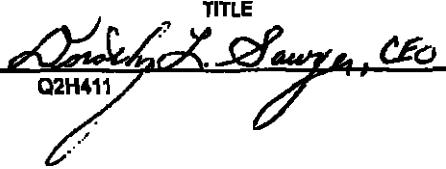
TITLE

(X6) DATE

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11-2-2018

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L 315	<p><b>Continued From page 1</b></p> <p>treatment of patients; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on document review, the hospital failed to establish a written policy and procedure on point of care glucose testing which reflected the type of glucometer the hospital had in use.</p> <p>Failure to have a written policy and procedure for the type of glucometer used in the hospital risks staff confusion and delays in treatment and care.</p> <p>Findings included:</p> <p>Document review of the hospital's policy titled, "Laboratory - CLIA-waived Laboratory Procedures," policy number 500.11A, reviewed 10/01/18, showed the steps and procedure for performing blood glucose monitoring using the "One-Touch Ultra 2 Glucometer". The policy did not address the steps and procedures using the "McKesson True Metrix Pro" glucometer that was observed during the hospital inspection tour.</p>	L 315		
L 335	<p><b>322-035.1G POLICIES-EMERGENCY CARE</b></p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (g) Emergency medical care, including: (i) Physician orders; (ii) Staff actions in the absence of a physician; (iii) Storing and accessing emergency supplies and equipment;</p> <p>This Washington Administrative Code is not met</p>	L 335		

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L 335	<p>Continued From page 2</p> <p>as evidenced by:</p> <p>Based on interview and document review, the hospital failed to establish a written policy and procedure on emergency supplies and equipment that addressed how they are stored, checked, and accessed.</p> <p>Failure to have a written policy and procedure that addresses how emergency supplies and equipment are stored, checked, and accessed puts patients at risk for delayed treatment and care.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Document review of the hospital's policy titled, "Rapid Response," policy number 500.50, updated 10/03/18, showed that the assigned rapid response team mental health technician will respond to all calls with their unit's rapid response bag, the portable oxygen tank, glucometer tackle box, and automated external defibrillator (AED). The policy did not address how emergency supplies and equipment are checked nor where they are stored.</li> <li>2. On 10/03/18 between 11:00 AM and 12:00 PM, Surveyor #3 Interviewed the Assistant Chief Nursing Officer (Staff #303) about the hospital's policy for checking and storing emergency equipment and supplies. Staff #303 stated the hospital did not have an emergency cart but used their rapid response bag along with the AED and oxygen tank. He showed the surveyor an inventory form for the rapid response bag that did not include the AED or oxygen tank on its list. Staff #303 stated the bag is checked when opened and referred to the hospital policies regarding the checking of the AED and oxygen</li> </ol>	L 335		

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L 335	<p><b>Continued From page 3</b></p> <p>tank.</p> <p>3. On 10/04/18, Surveyor #3 requested the hospital policies for the AED and oxygen tank. The Director of Quality and Risk Management (Staff #304) was unable to locate the requested policies at the time of survey exit.</p>	L 335		
L 525	<p><b>322-050.3 QUALIFICATIONS</b></p> <p>WAC 246-322-050 Staff. The licensee shall: (3) Maintain evidence of appropriate qualifications and current credentials prior to hiring, or granting or renewing clinical privileges or association of any health care professional; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on record review and interview, the hospital failed to ensure that staff had required Washington State credentials for their position for 2 of 9 staff reviewed (Staff #202 and #203).</p> <p>Failure to ensure that staff have proper credentials places patients at risk from inadequate care.</p> <p>Findings included:</p> <p>1. Record review of the Mental Health Technician job description showed that mental health technicians must possess a current Washington state Nursing Assistant Certification (NAC) as a qualification for employment.</p> <p>Record review of the Recreational Therapist job description showed that recreational therapists</p>	L 525		

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L 525	<p>Continued From page 4</p> <p>must have a current Washington state Certified Therapeutic Recreation Specialist (CTRS) registration as a qualification for employment.</p> <p>2. Record review of the personnel file for a recreation therapist (Staff #202) showed that the therapist had a pending recreational therapist credential with the state of Washington at the time of record review.</p> <p>3. Record review of the personnel file for a mental health technician (Staff #203) showed that the technician did not have a Nursing Assistant Certified credential with the state of Washington as required for the position at the time of record review.</p> <p>4. On 10/04/18 between 10:00 AM and 11:00 AM, surveyor #2 reviewed personnel files with the Human Resources Director (Staff #204). During the review, the director confirmed that active credentials were not present in the file.</p>	L 525		
L 560	<p>322-050.6D TRAINING-INFECT CONTROL</p> <p>WAC 246-322-050 Staff. The licensee shall: (6) Provide and document orientation and appropriate training for all staff, including: (d) infection control; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on record review and document review, the hospital failed to provide infection control training for 3 of 9 staff reviewed (Staff #202, #208, and #209).</p> <p>Failure to provide infection control training to</p>	L 560		

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L 560	<p><b>Continued From page 5</b></p> <p>newly hired staff places patients, staff, and visitors at risk for infection.</p> <p><b>Findings Included:</b></p> <ol style="list-style-type: none"> <li>1. Record review of the hospital training modules titled, "Rapid Regulatory Compliance: Non-Clinical II," and "Rapid Regulatory Compliance: Clinical II," showed that these modules contain training on multiple aspects of infection control.</li> <li>2. Record review of personnel files showed that the hospital failed to ensure that staff were oriented with infection control training for the following staff: a recreational therapist (Staff #202), a social worker (Staff #208), and a pharmacy technician (Staff #209). These staff members had yet to complete the appropriate rapid regulatory compliance II module.</li> <li>3. On 10/04/18 between 10:00 AM and 11:00 AM, surveyor #2 reviewed personnel files with the Human Resources Director (Staff #204). During the review, the director confirmed that the above staff members had not completed their infection control trainings.</li> </ol> <p><b>L 585 322-050.6i ORIENTATION-APPROP TRAINING</b></p> <p><b>WAC 246-322-050 Staff.</b> The licensee shall: (6) Provide and document orientation and appropriate training for all staff, including: (i) Appropriate training for expected duties</p> <p>This Washington Administrative Code is not met as evidenced by:</p>	L 560		
L 585		L 585		

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L 585	<p><b>Continued From page 6</b></p> <p>Based on record review and interview, the hospital failed to ensure that new staff were oriented with appropriate training for expected duties for 6 of 9 staff (Staff #202, #203, #205, #206, #207, and #208).</p> <p>Failure to orient staff with appropriate training for expected duties places patients at risk for inadequate care.</p> <p><b>Findings included:</b></p> <ol style="list-style-type: none"> <li>1. Record review of personnel files showed the hospital failed to orient the following staff with appropriate training for their assigned duties: the environmental services manager (Staff #205), two mental health technicians (Staff #203 and #206), a registered nurse (Staff #207), a recreational therapist (Staff #202), and a social worker (Staff #208).</li> <li>2. On 10/04/18 between 10:00 AM and 11:00 AM, surveyor #2 reviewed personnel files with the Human Resources Director (Staff #204). During the review, the director confirmed that the above staff members did not have orientation regarding assigned duties in their personnel files.</li> </ol>	L 585		
L 700	<b>322-100.1C INFECT CONTROL-REPORTING</b>  WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (c) A system for reporting communicable diseases consistent with chapter 246-100 WAC, Communicable and certain other diseases;	L 700		

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L 700	<p>Continued From page 7</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on document review and interview, the hospital failed to ensure there was a written policy describing a system for reporting communicable diseases consistent with Washington Administrative Code (WAC) 246-100.</p> <p>Failure to develop a policy that contains the required criteria for reporting communicable diseases places patients at increased risk of infection and complications from those infections.</p> <p>Reference: WAC 246-100-021 Responsibilities and duties - Health care providers. "Every health care provider, as defined in chapter 246-100 WAC, shall: ...Comply with requirements in WAC 246-100-206, 246-100-211, and chapter 246-101 WAC ..."</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Document review of the hospital's infection control policies showed that the hospital had not developed and implemented a communicable diseases reporting policy consistent with WAC 246-100. No policy was present that described the hospital's responsibility for reporting notifiable conditions according to WAC 246-101.</li> <li>2. On 10/04/18 at 1:38 PM, the quality director (Staff #201) told Surveyor #2 that the hospital had not developed and approved infection control policies and procedures for reporting of notifiable conditions.</li> </ol>	L 700		
L 720	322-100.1G INFECT CONTROL-PRECAUTION	L 720		

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L 720	<p>Continued From page 8</p> <p>WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (g) Identifying specific precautions to prevent transmission of infections; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on document review and interview, the hospital failed to develop policies regarding special precautions to prevent the transmission of infections.</p> <p>Failure to develop and implement policies and procedures for prevention of transmission of infections risks staff and patient infection.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Document review of infection control policies and procedures showed that the hospital did not have policies or procedures regarding special precautions for working with patients that are on airborne, droplet, or contact enteric precautions. The only transmission-based precautions policies Surveyor #2 found at the time of review were standard precautions and MRSA/Contact precautions.</li> <li>2. On 10/04/18 at 1:38 PM, the quality director (Staff #201) told Surveyor #2 that the hospital had not developed and approved infection control policies and procedures for transmission-based precautions besides the standard precautions and MRSA/Contact precautions policies.</li> </ol>	L 720		

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L 980	<p>Continued From page 9</p> <p><b>L 980 322-150.2A SECLUSION RM-STAFF LOCK</b></p> <p>WAC 246-322-150 Clinical facilities. The licensee shall provide: (2) One or more seclusion rooms, with or without an exterior window, intended for short-term occupancy, with: (a) Staff-controlled locks and rebates in the door, or equivalent; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation and interview, the hospital failed to ensure the hospital's seclusion rooms were fitted and maintained with a functional staff-controlled locks for 4 of 4 seclusion rooms inspected.</p> <p>Failure to have a functional staff-controlled locking system in the hospital's seclusion rooms risks patient and staff safety.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. On 10/02/18 at 10:30 AM, Surveyor #3 toured the 2-East clinical unit with the Chief Nursing Officer (CNO) (Staff #301) and Nurse Manager of the Adult Service Line (Staff #302). During the tour, the surveyor inspected the 2-East seclusion room. As part of the inspection process, Surveyor #3 asked Staff #302 to demonstrate how the seclusion room could be locked in order to prevent a patient from leaving. Despite several attempts, Staff #302 was unable to lock the seclusion room door.</li> <li>2. Similar observations were found with the facility's other three seclusion rooms.</li> <li>3. At the time of the observation, Surveyor #3</li> </ol>	L 980  L 980		

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L 980	Continued From page 10  interviewed the CNO about the non-functional seclusion room doors. She confirmed the door's locking mechanism was not working and the hospital's facility engineer would be notified to repair the door's locking mechanism.	L 980		